

210 Laurel Avenue • Tillamook, OR 97141 phone 503-374-1828 • email jchristensen@tillamookor.gov

Thank you for your interest in becoming a part of the City's management team! Please refer to the list below when preparing to submit your application.

EMPLOYMENT APPLICATION INSTRUCTIONS AND CHECKLIST:

$\ \ \square$ REQUIRED: Fill out the application <u>completely</u> and	sign it.
REQUIRED: Write and attach a cover letter expression City of Tillamook. Please explain why you would like and what your short-term and long-term goals are of Tillamook.	e to be considered for the position
REQUIRED: Submit a résumé with your application i	materials.
$\ \ \square$ REQUIRED: Draft and include a response to the sup	pplemental essay questions.
$\hfill \Box$ Letters of recommendation are acceptable (but no	ot required).
If you are a veteran, please submit a copy of your lorder to receive veteran's preference points.	DD-214 with your application in
☐ The City of Tillamook is an EQUAL OPPORTUNITY EMI Federal guidelines for Equal Opportunity Employme information form is also included with the application completely voluntary and will not affect your consideration.	ent, a <i>voluntary</i> supplemental on. Submission of this form is
Return your application to City Hall at 210 Laurel Avp.m. of the job posting's closing date.	venue, in Tillamook by 4:00

If you have any questions regarding the position for which you are applying, or the application process, please call the City of Tillamook's Human Resource Department at 503-374-1828 or email jchristensen@tillamookor.gov. Thank you for applying!

City of Tillamook Application for Employment

Complete the entire application, or it will be deemed incomplete and may not be considered.

Position Applying For:	Name (Last, First, Middle):					Other names under which you have attended school or been employed:	
Street Address:	et Address: City, State & Zip:				p:	' '	
Email Address:		Home	Phone:		Work Phor	ne:	Other Phone:
Are you eligible to work in the United States?		□No	Are you a Veteran of the US Armed Forces Yes No (If yes, attach DD214 for preference)				
Are you 18 years of	age or o	lder?	Yes	☐ No	If NO, what is your current age?		
Are you currently employed by the City of Tillamook?		□Yes □ No		If YES, what is your current job title & department?			
Have you ever been employed by the City of Tillamook?		Yes No		If YES, dates of employment & reason for leaving:			
Are you related to any current City employees?			Yes No If YES, their nan		eir name &	& their relationship to you?	
If required for position, do you Yes have a valid driver's license?		☐ No	If YES, State of issuance:				
If required for position, do you Yes have a valid CDL?			☐ No	If YES, State of issuance:			
How did you learn about this employment opportunity at the City of Tillamook? Check all that apply:							
				☐ Job Bulletin (Posting) please note which)			
SKILLS Please list technical	skills, cle	are pa	ckages o	f which	etc., relevo you have	•	osition. Include relevant knowledge, and note
1							

HR USE ONLY: Date Received:______ Initials:_____

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		Yes No			
GED:		☐Yes ☐ No			
Other School:		☐Yes ☐ No			
College:		☐Yes ☐ No			
College:		Yes No			
College:		☐Yes ☐ No			
period may be consider commitments. PLEASE I PLEASE NOTE: The City of reference information. Dates Employed (most re	DO NOT complete of Tillamook reserve	this information with t	the notation "Se	e Resume."	ers for
position) From: To	Full time	e 🗌 Part-time			
		e, # hrs./wk: 🗌			
Organization Name and	Address:				
Supervisor's Name, Title a Phone #:	nd Other Refe Phone #:	erence Name, Title a	At ar	my current ref ny time if I am a finalist	
Primary duties:			Reason	for Leaving:	

Dates Employed (most recent		Title:
position)	Full time Part-time	
From:	If part-time, # hrs./wk:	
Organization Name and Address	s:	
Supervisor's Name, Title and	Other Reference Name, Title and	Contact my current references:
Phone #:	Phone #:	At any time
		Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent		Title:
position) From:	Full time Part-time	
FIOITI.	If part-time, # hrs./wk:	
Organization Name and Address		
	T	
Supervisor's Name, Title and	Other Reference Name, Title and	Contact my current references:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	At any time
·		
·		At any time Only if I am a finalist candidate
Phone #:		At any time
Phone #:		At any time Only if I am a finalist candidate
Phone #:		At any time Only if I am a finalist candidate
Phone #:	Phone #:	At any time Only if I am a finalist candidate
Primary duties: Dates Employed (most recent position)		At any time Only if I am a finalist candidate Reason for Leaving:
Primary duties: Dates Employed (most recent	Phone #:	At any time Only if I am a finalist candidate Reason for Leaving:
Primary duties: Dates Employed (most recent position)	Phone #: Full time	At any time Only if I am a finalist candidate Reason for Leaving:
Primary duties: Dates Employed (most recent position) From:	Phone #: Full time	At any time Only if I am a finalist candidate Reason for Leaving:
Primary duties: Dates Employed (most recent position) From: Organization Name and Address Supervisor's Name, Title and	Phone #: Full time	At any time Only if I am a finalist candidate Reason for Leaving: Title: Contact my current references:
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Attach additional copies of this sheet if necessary.

Name:	Years known:
Email address:	
Phone number:	
Name:	Years known:
Email address:	
Phone number:	
Name:	Years known:
Email address:	
Phone number:	
Name:	Years known:
Email address:	
Phone number:	
Name:	Years known:
Email address:	
Phone number:	
Name:	Years known:
Email address:	
Phone number:	

EACH ITEM AND SIGN THAT YOU UNDERSTAND AND

ACCEPT THIS INFORMATION:

- I certify that the information on this application and its supporting documentation is accurate and complete.
- I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.
- I authorize the City of Tillamook to investigate, without liability, all statements contained in this application and supporting materials.
- I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.
- If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.
- I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.
- I understand that staff employees of the City of Tillamook serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.
- If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations.
- I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to PERS (tirement System) or to an optional retirement program, if applicable.
- I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.
- I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: Date:

VOLUNTARY SUPPLEMENTAL INFORMATION:

	ubmis	ssion of this portion	•	t, the City of Tillamook is required to keep records e application is <i>completely voluntary</i> and will not	
SEX: □ MALE □ FEMALE	Date of Birth			(mm/dd/yyyy)	
RACIAL ORIGIN:					
☐ White (not of Hispanic origin)		Hispanic		Black (not of Hispanic origin)	
☐ Asian or Pacific Islanders		American Indian or Alaska Native			